

# U.S. Department of Justice United States Marshals Service

# Investigative Operations Obligation Document

Sinted States W	arshars Service					Oblig	gation Documer	
INSTRUCTION	IS: See page 2 for deta	iled instruct	tions.				est and the second of	
			SECTION 1:	OBLIG	ATION			
	The ob	ligation number	er will be entered on	ce all partic	s have sign	ned the form USM614.		
	UFN	AS OBLIGA	TION #: M-17-	-A34-00	)856			
			ION 2: PARTIC					
Notification to star	te and local agencies of fun	ding provided i	in support of U.S. M	arshals Ser	vice operat	ions, pursuant to the Memorandur	n of Understanding (MOU)	
			Everett Police		tment			
				ınd				
		V	Vestern District	of Washi	ngton (86	5)		
			N 3: PROJEC					
			Beast	Mode				
		SECTI	ON 4: PERIOR	OF PE	RFORM	IANCE		
	Jı	ıly 10, 2017		to		ugust 18, 2017		
		SEC	TION 5: APPR	OPRIA	TION D	ATA		
FISCAL YEAR	ORGANIZATION FUND		PROJECT		SOC	PURPOSE	DOLLAR AMOUNT	
					21000	Travel / Per Diem	,	
2017	D86	0324	FWD2000F		31011	Investigative Expenses		
2017	D80	0324	FWB3000F		25200 26001	State & Local Overtime	\$5,271.04	
	(				20001	Supplies & Materials		
ADD APPROF	PRIATION DATA			TO	LAL OB	LIGATION AMOUNT:	\$5,271.04	
		SECT	ION 6: CONTA			,	33,271.04	
	DISTRICT/HQ CO				O I II I I I	STATE/LOCAL CONTA	ACT:	
Name: Brian Allan				Name: Mike Atwood				
Phone: (206) 718-0802				Phone: (425) 508-1242				
E-mail: brian.allan@usdoj.gov					E-mail: matwood@everettwa.gov			
		S	ECTION 7: AU	THORI	ZATION	V		
This obligation docur	ment serves as notification of	of funding prov	rided to support state	and local	agencies pa	rticinating in U.S. Marshals Servi	ice Operations subject to the	
ivailability of funds.	The U.S. Marshals Service	reserves the rig	ght to remove unused	d residual f	unds upon	completion of payments under thi	s obligation.	
	strative Representati		cation of Funds	: ,				
Signature: KAYLA CELAYA Proposition of the control							7	
		Kayla C	Celaya, ACDUSN	M				
USMS Operation	onal Representative -	Obligation	Approval:					
Signature:								
	///	Jacob Gr	een, U.S. Marsh	nal		Dutc. 1/10/2011		
Departmental F	Representative - Ack	nowledgem	ent:					
Signature:		owiedgein	ciic.					
Dan Templeman, Chief of Poli					Date:			
					CONTAC	CT INFORMATION:		
. The state/local age	ency will be applied by the s	state/local agen	cy financial contact	informatio	1.	Z. IN ORMATION.		
B. The state/local agency will provide a valid DUNS number from the SAM.gov da Name: Tracev Versteeg								
Name: <u>Tracey Versteeg</u> Phone: (425) 257-8447					E-mail: tversteeg@everettwa.gov  State/Local Agency DUNS #: 608909156			
rnone. (423) 2:	37-0447		,	State/Lo	ocal Agei	1000000000000000000000000000000000000	04156	

ATTEST:

Form USM-614 Rev. 01/17

## **FORM USM-614 INSTRUCTIONS**

The Investigative Operations Obligation Document is designed to provide district, regional fugitive task forces, and SOIB one standard obligating form to record new obligations with in UFMS. To adjust funding in an existing obligation, please refer to Form USM-614A, Investigative Operations Modification Document. Funding in support of the operation is pursuant to the existing Memorandum of Understanding (MOU) between the USMS and the state or local law enforcement agency participant. Reimbursements are subject to the availability of funds and contingent upon the submission of proper documentation. Please note that overtime reimbursements require the submission of agency invoices and supporting documentation on a quarterly basis.

In the event that the USMS will use a payment method OTHER than reimbursement directly to the state or local agency, additional guidance will be provided by USMS Headquarters. The district, RFTF, and SOIB office is responsible for communicating payment procedures to their partnering agencies. All payments are made via Electronic Funds Transfer (EFT) through the U.S. Department of Treasury.

#### **SECTION 1: Obligation Number**

A. Enter UFMS Obligation number.

# **SECTION 2: Participating Agencies**

- A. BOX 1: Enter name of state or local participating agency.
- B. BOX 2: Use drop down menu to select appropriate USMS Office.

### **SECTION 3: Project/Operation Name**

A. USMS Office will insert the name of the project or operation being funded.

#### **SECTION 4: Period of Performance**

- A. Insert valid period of performance for the obligation. Obligations created using the one-page Investigative Operations Obligation Form may not cross fiscal years.
- B. Period of performance must begin no earlier than the date of funds availability and end no later than September 30 of the current fiscal year.

# SECTION 5: Appropriation Data

- A. Enter information across appropriate field for all items being obligated. All fields for a line item must be completed in order to proceed to the next step.
- B. Project Codes: Will be assigned by USMS Office.

#### **SECTION 6: Contact Information**

A. Enter District/HQ contact information (Box 1) and State/Local contact information (Box 2).

#### **SECTION 7: Authorization**

- A. Certification of Funds: Signature will be applied by the USMS representative upon confirmation that funds have been moved into the budget.
- B. Obligation Approval: Signature will be applied by USMS representative upon receipt of obligation document. To ensure sufficient internal controls and proper segregation of duties, the USMS representative approving obligation forms cannot also approve invoices or reimbursements related to the same obligation. (See U.S. Office of Management and Budget (OMB) Circular A-123 and USMS Office of Finance guidance for further information regarding internal controls.)
- C. Acknowledgement: Signature will be applied by state or local agency representative. The obligation is not valid until all parties have signed. When completed, the form will be returned to the District/RFTF office. Once form is signed by all parties in section 7, the USMS office that is responsible for initiating the commitment, will create the obligation in UFMS and attach this form.

## **SECTION 8: State/local Financial Contact Information**

- A. The state/local agency will be applied by the state/local agency financial contact information.
- B. The state/local agency will provide a valid DUNS number from the SAM.gov database.

CITY OF EVERETT WASHINGTON

ATTEST:

for Sharon Fuller, City Clerk
Date: 1-18-2017

APPROVED AS TO FORM:

James D. Iles, City Attorney Date: